

COMMISSIONER FOR PATENTS  
Mail Stop Patent Application  
P.O. Box 1450  
Alexandria, VA 22313-1450

PATENT APPLICATION  
Date: October 1, 2003  
File No. 0671.68504




Sir:

Transmitted herewith for filing is the patent application of  
Inventor(s): Aratani et al.

*I hereby certify that this paper is being deposited with the United States Postal Service as EXPRESS MAIL in an envelope addressed to: Mail Stop PATENT APPLICATION, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this date.*

For: MAGNETIC HEAD TESTING APPARATUS

Oct. 1, 2003  
Date

  
Express Mail Label No.: EV 032736998 US

Enclosed are:

- (X) 19 pages of specification, including 6 claims and an abstract.
- ( ) an executed oath or declaration, with power of attorney.
- (X) an unexecuted oath or declaration, with power of attorney.
- (X) 10 sheet(s) of informal drawing(s).
- ( )      sheet(s) of formal drawings(s).
- ( ) Assignment(s) of the invention to                                  and Assignment Cover Sheet.
- ( ) A check in the amount of \$          to cover the fee for recording the assignment(s).
- ( ) Information Disclosure Statement, Form PTO-1449 and cited references.
- ( ) Claim for Priority and Priority Document.


Fee Calculation For Claims As Filed

- |                                      |          |   |           |   |          |                                   |
|--------------------------------------|----------|---|-----------|---|----------|-----------------------------------|
| a) Basic Fee                         |          |   |           |   |          | \$ 770.00                         |
| b) Independent Claims                | <u>2</u> | - | <u>3</u>  | = | <u>0</u> | x \$ 84.00 = \$ <u>0</u>          |
| c) Total Claims                      | <u>6</u> | - | <u>20</u> | = | <u>0</u> | x \$ 18.00 = \$ <u>0</u>          |
| d) Fee for Multiple Dependent Claims |          |   |           |   |          | \$ 280.00 = \$ <u>0</u>           |
|                                      |          |   |           |   |          | Total Filing Fee <u>\$ 770.00</u> |
- ( ) Applicant(s) qualifies as a Small Entity, reducing Filing Fee by half to \$
  - (X) A check in the amount of \$ 770.00 to cover the filing fee is enclosed.
  - ( ) Charge \$          to Deposit Account No. 07-2069.
  - ( ) Other   .
  - (X) The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 07-2069.  
A duplicate copy of this sheet is enclosed.

Respectfully submitted,

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